



IRF/ARU Provider Alert: New AHA/ASA Guidelines on the Importance of Care Setting for Post-Acute Stroke Patients

In 2016, the American Heart Association/American Stroke Association (AHA/ASA) issued its first-ever guidelines on adult stroke rehabilitation. The guidelines provide new guidance for acute-care providers in determining the most appropriate post-acute venue for a growing population of stroke survivors.



Specifically, the AHA/ASA now strongly recommends that immediately following their acute-care stay, stroke patients should preferentially receive rehabilitation treatment in the inpatient rehabilitation setting, versus in a nursing home.

In the wake of these guidelines, it is imperative that acute-care providers facilitate access to high-quality inpatient rehabilitation services in order to enable their patients to achieve the highest possible level of functional mobility and independence.

The changes suggested by AHA/ASA are important given that previous guidelines focused primarily on medical issues surrounding the initial management of stroke. However, most patients survive a stroke with some level of disability and there is increasing evidence that post-acute rehabilitation can have a significant impact on a survivor's quality of life.

Changes Included in the New Guidelines

According to the guidelines' authors, there are a few key findings – **based on accumulated research and data** – which providers should consider when evaluating stroke rehabilitation care, including:

- Whenever possible, initial rehabilitation should take place in an inpatient rehabilitation facility, rather than a nursing home.
- Ideally, rehabilitation services should be delivered by a multidisciplinary team of experienced healthcare providers.
- Dedicated, inter-professional stroke care has been shown to not only reduce mortality rates and the likelihood of institutional care and long-term disability, but also to enhance recovery and increase independence in activities of daily living.

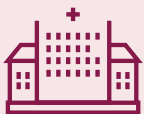
Treatment Settings Matter

Once a patient is discharged from their acute care setting, additional rehab treatment is warranted. To this end, the stroke guidelines review four post-acute rehab settings:

1. **Inpatient Rehab Facilities (IRFs)** – defined as entities that provide hospital-level care to stroke survivors who need intensive, interdisciplinary rehabilitation care under the direct supervision of a physician.
2. **Skilled Nursing Facilities (SNFs)** – provide rehabilitation care to stroke survivors who need limited skilled nursing or rehabilitation services.
3. **Nursing Homes** – deliver long-term residential care for individuals who are unable to live in the community.
4. **Long-Term Acute Care Hospitals (LTACs)** – provide extended medical and rehabilitative care to stroke patients with complex medical needs resulting from a combination of acute and chronic conditions (e.g., ventilator-dependent care, pain management).

According to the guidelines, studies comparing outcomes in hospitalized stroke patients first discharged to an IRF, a SNF, or a nursing home have generally shown that IRF patients have higher rates of return to community living and greater functional improvement, whereas patients discharged to a SNF or a nursing home have higher rehospitalization rates and substantially poorer outcomes. Given this data, the guidelines strongly recommend that, whenever possible, initial rehabilitation should take place in an inpatient rehabilitation facility rather than a nursing home.

AHA/ASA:



Whenever possible, initial rehabilitation should take place in an inpatient rehabilitation facility rather than a nursing home



There is strong evidence that organized, inter-professional stroke care not only reduces mortality rates and the likelihood of institutional care and long-term disability but also enhances recovery and increases independence in activities of daily living



The Importance of a Multidisciplinary Team

The guidelines state that, ideally, rehabilitation services should be delivered by a multidisciplinary team of healthcare providers. A diverse provider team offers each individual patient stroke-specific care from a range of important disciplines, including but not limited to neurology, rehabilitation nursing, occupational therapy, physical therapy, and speech and language therapy. This cross-functional and comprehensive team of providers is more likely to provide the care best suited for a patient's level of injury and post-rehab goals.



Rehab Services Are Most Effective When Delivered by a Multidisciplinary Team:

Neurology

Rehabilitation Nursing

Occupational, Physical, Speech and Language Therapy

Social Work

Psychiatry/Psychology

Counseling

All stroke patients should undergo a formal assessment of rehabilitation needs before acute-care discharge

In addition to endorsing a multidisciplinary approach, the guidelines state that clear benefits are associated with initiating rehabilitation as quickly as possible – all stroke patients should undergo a formal assessment of rehabilitation needs before discharge from acute care. The guidelines go on to recommend that post-acute patients be transferred to inpatient rehab care as soon as he or she is deemed physically and mentally ready.

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Despite improved systems to recognize stroke symptoms and deliver care promptly, many patients experience ongoing functional deficits. Therefore, the need for effective stroke rehabilitation is likely to remain an essential part of the continuum of stroke care for the foreseeable future.



Implications for Acute Providers

According to the guidelines, the need for effective post-acute stroke rehabilitation is likely to remain an essential part of the continuum of stroke care for the foreseeable future. Given the credibility of AHA/ASA and the strength of the new guidelines, acute care physicians are expected to increasingly adopt the recommendations provided in the guidelines, including a focus on the type of facility to which post-acute stroke patients are discharged. Rehab providers that stand apart from the competition due to proven experience and documented success are likely to benefit from the AHA/ASA recommendations, with an opportunity to become “centers of excellence” in caring for stroke patients.

Sources:

Winstein CJ, et al. Guidelines for Adult Stroke Rehabilitation and Recovery: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. *Stroke*. 2016 Jun;47(6).



The KHRS Difference

When rehabilitating stroke patients, it is clear that the right rehab setting matters. At Kindred, our staff and specialized clinical programs offer tailored rehabilitation solutions that lead to high-quality outcomes for patients and financially attractive returns for our partners. In addition to acute rehabilitation unit (ARU) management partnerships, we also offer joint-venture arrangements, which can be ideal for providers with a larger population of inpatient rehab patients or other situations where an expanded partnership agreement is beneficial to the IRF/ARU.

KHRS also offers our clients the opportunity to opt in to an exclusive sponsorship agreement with AHA/ASA, including a toolkit containing patient and referral source-facing educational materials. These materials position our client's logo next to AHA/ASA's, enhancing recognition and credibility. The sponsorship opportunity also includes social media, learning programs and other opportunities that encourage wider adoption of the guidelines.

When you choose KHRS as your post-acute partner, you are choosing an experienced and knowledgeable rehab provider, with a proven ability to seamlessly assimilate into your facility and your culture. At KHRS we ensure that your hospital and your brand remain the centerpiece of the patient experience.

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